

FILED APR 28 1944

Registration District No. 228

Primary Registration District No. 3017

State File No.

Registrar's No. 44

1. PLACE OF DEATH

(a) County Newton  
(b) City or town Neosho  
(c) Name of hospital or institution: 416 No. College  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME

W. Harold Hatler

3. (b) If veteran, \_\_\_\_\_  
name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Eva Hatler 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JUNE 13 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
46 10 2 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Neosho Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Oil and Gas Distributor

11. Industry or business \_\_\_\_\_

12. Name Troy C. Hatler

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Rose Faulkner

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Waldo Hatler

(b) Address Neosho Missouri

17. (a) Burial (b) Date thereof 4-17-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 8007 Cemetery

18. (a) Signature of funeral director W. B. Bingham

(b) Address Neosho Mo

19. (a) 4-14-1944 (b) Earl Thompson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 23  
(c) City or town Neosho 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 416 No. College  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9  
year 1944 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Apr. 5, 1944 to Apr. 9, 1944,  
that I last saw him alive on April 9, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 4 days

Due to following reaction of  
for carcinoma about March 9, 1944

Due to at Brown Hospital, St. Louis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 462

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature A. A. Guthrie (M. D. or other)

Address Neosho Mo. Date signed Apr 13, 1944

RECEIVED

4-25-44  
District Health Officer No. \_\_\_\_\_  
District File Number 444-86  
Date Filed 4-26-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*J. B. Brigham*

Licensed Embalmer No. 2689

P. O. Address

*Neosho Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.